

DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES



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LEGISLATIVE
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To: Senator John Cobb, Chairman
Legislative Finance Committee

From: Joan Miles
Director

John Chappuis
Deputy Director

Subject: Extraordinary Projects being worked on in addition to the normal work and activities for DPHHS

As you have requested, the following provides a listing and short description of most of the major projects that DPHHS staff are working on in addition to their normal workload. These projects are listed by division and may be duplicative in that several divisions may be working on the same project, such as the various aspects of Medicare Part D implementation. The workload for DPHHS staff is greater in this fiscal year than in recent memory. It reflects a compilation of federal changes, state legislative changes, and changes due to circumstances in our programs. **In addition, staff are working to mitigate budget pressures and to develop the budget for the next biennium through the executive planning process.** I hope the following list provides you with the information you need. John and I stand ready with our administrators to answer any questions you may have.

1. Human and Community Services (HCSD):

- a. A family economic security initiative which involves TANF, education and training and other supports in an effort to reduce the number of working families in poverty.
- b. The homelessness initiative which crosses many state, federal and private agencies and is being coordinated by our Division.
- c. The Food Security Summit, which seeks to reduce hunger by linking food producers with advocates for low-income families.

2. Child and Family Services (CFSD)

- a. CFSD is dealing with a 21% caseload increase in the last three years. Much of this increase has occurred in the last 8 months. In response to this issue CFSD has been working on a 100% self audit of all cases. This is to insure that appropriate federal funding is available to provide services for children in state care. This has been overwhelming in light of the caseload pressure per social worker which is far above the norm.

3. Directors Office:

- a. The Directors Office is coordinating activities related to Medicare Part D implementation. This has taken a huge amount of staff time as well as the time of the Deputy Director and the manager of the Office of Policy, Coordination and Analysis.
- b. Development of the HIFA waiver continues to take a sizable amount of time for management and staff.

4. Fiscal Services Division (FSD):

- a. The implementation of Medicare Part D and Big Sky RX have used more division resources than normal in system/business process development.
- b. The increased census in MSH has a direct impact on the number of financial reviews and insurance claims the Reimbursement unit completes.

5. Child Support Enforcement Division (CSED):

- a. Child Support is working on mitigation options for the potential loss of federal funds due to the implementation of the Deficit Reduction Act (DRA) next year.
- b. This year the CSED has undertaken and implemented a redesign of its process for reviewing and modifying child support orders, is implementing changes to Montana's child support guidelines and is transitioning from a Word Perfect based document generation system to a Word based document generation system. In addition, the CSED implemented an image-based payment processing system, replacing its manual system.

6. Operations and Technology Division (OTD):

- a. OTD is working on development and implementation of the new Medicaid eligibility system. This is the platform upon which nearly all eligibility systems will be based.

7. Public Health and Safety Division (PHSD):

- a. Implementation of the Clean Indoor Air Act is the largest special project that PHSD is currently working on. This project entails tremendous hours and work with innumerable stakeholders. Administrative rules and procedures have been established for implementation and enforcement.

8. Disabilities Services Division (DSD):

- a. DD Provider Rate System Implementation - This effort requires a complete system re-write of our computer billing system and involves large amounts of staff time in working with our consultant, advisory council, providers and staff. This new system completely revamps the way DD does business, including consumer centered planning, portability, and it sets up a transparent rate for DD services.
- b. Travis D. Implementation - DSD has a number of initiatives that we are keeping track of as the result of the settlement of the Travis D. lawsuit. These include, but are not limited to, accounting of expenditures of crisis dollars, developing plans for individuals to move to community programs, and working with individual providers on new cost plans.
- c. MAIDS Lawsuit - This lawsuit is taking considerable staff time in putting together various pieces of information for our attorneys, responding to requests, doing depositions, etc. These are in addition to the various meetings that require our attendance.
- d. VR Electronic Case Management System - VR is working on a long-term project to develop an electronic case management system. This system has a number of checks and balances developed within it to really help our staff to be more efficient. Development and testing of this project tends to be very time consuming and we experience many interruptions in trying to get some of the work accomplished.

9. Health Resources Division (HRD):

- a. Medicare Part D Implementation/Problem Solving: Responsibility for drug coverage for all people dually eligible for Medicare and Medicaid transferred to Medicare Part D on 1/1/06. In order to smooth this transition for the dually eligible, the Department has been involved in trouble shooting eligibility and drug coverage issues for literally hundreds of people with pharmacies, benefit plans and CMS. The division conservatively devoted 10-15 FTE to smoothing this transition in January.

- b. CHIP Administration: CHIP has been actively exploring options for transferring from a fully insured product to a self-administered model (either fully self-administered or through a third party administrator). A public meeting was held to discuss these options and gather input on 2/7/06. A recommendation will be made to the Director in March.
 - c. Big Sky RX Implementation: Big Sky RX is a State of Montana program that assists people whose family income is below 200% of the federal poverty level with Medicare Part D drug premiums. The maximum premium payment is \$33.11 per month. As of 2/23/06, 1216 people are enrolled in the program and will have their premium paid for in March. The program is averaging 50 calls and 25 new applications per day.
 - d. System of Care (SOCs) Development for Children's Mental Health: The Children's Mental Health program serves over 9000 children. The Division is working with a state advisory committee (called SOCs) and local groups (called KMAs) to develop community-based alternatives to out of community placements. Specifically the past two months we are working on changes to targeted case management and development of EPP priorities to better serve children. A metnet meeting was held on 2/1/06 to gather public input. A follow-up meeting will be held 3/22/06.
10. Senior and Long Term care Division (SLTC):
- a. MMA-Part D implementation: The Senior Health Insurance Program (SHIP), specifically the State SHIP Coordinator and staff affiliated with the Area Agencies on Aging around the state have been working on issues relative to the implementation of the part D benefit. They have held various enrollment events statewide and have manned phones to respond to concerns from citizens since late December related to enrollment, access to prescription drugs and various problems that have come up in dealing with PDP's and individual's ability to navigate and access medications through this new drug benefit.
 - b. Intergovernmental Transfer Program: The Division has been working with CMS, Association representatives, counties and nursing facilities relative to keeping in place the ability to continue to utilize local county funds as match in the Medicaid program in accordance with new interpretations from CMS as to what is allowable under these types of payment programs. Discussion has been ongoing with CMS to resolve issues relative to state plan amendments, the new interpretation and the repeal of the sunset provisions of the IGT program.
 - c. Veterans Long Term Health Care Needs Study and Recruitment and Retention activities at Montana Veterans Home: The Division has been spending time on two areas that the last legislature felt

were important related to the operation of the State's veterans facilities. The Division developed a Recruitment and Retention report relative to the Montana Veterans Home and continues to monitor and try to improve these areas at this facility. The legislature provided \$50,000 to undertake a study to analyze veterans' long term care needs in the state. The Division is currently working on this study and will be gathering information for the final report that will be presented to the legislative finance committee by September of 2006.

11. Addictive and Mental Disorders (AMDD):

- a. Montana State Hospital (MSH) census - since August 2005 the census at the hospital has been above licensed capacity. Our efforts have centered on development of community resources to decrease admissions and increase discharges, and in opening a new residential setting for MSH residents, which includes hiring another 36 employees to serve those individuals.
- b. DOC/DPHHS collaboration - AMDD staff have worked closely with the Governor's office and DOC staff to develop mental health services for DOC inmates on the MSH campus, and to establish a strategy to continue our collaboration to serve DOC inmates and probation and parole individuals with the same treatment modalities for both mental health and chemical dependence.
- c. Crisis services - We have spent many hours working with community entities on identifying the need for, and the potential development of, community crisis services, including development of an RFP that will be released soon.

Individually the Department can easily handle any of the projects described above. However, in aggregate these special projects are stretching our resources to the limits (possibly past the limits) of our capacity. Our staff and management are committed to performing these extraordinary duties in a professional manner in order to assure good quality services for our clients and accountability to the legislature and voters of Montana. We believe the outcomes and work to date of these projects has been outstanding. DPHHS staff have gone above and beyond the call of duty on these projects, especially Medicare Part D and Big Sky RX implementations with great success.

Thank you for the opportunity to bring these workload issues to your attention.